THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII. THURSDAY, MARCH 18, 1858. No. 7.

ASPHYXIA FROM IMPERFECT COMBUSTION OF GAS.

[Committee's Report of the Case, read before the Boston Society for Medical Improvement, Feb. 8th, 1858, and communicated for the Boston Medical and Surgical Journal.]

THE Committee appointed January 25th, to investigate the circumstances of the recent fatal accident, attributed to a gas stove, presented the following report of the case.

Mr. J. H. B., æt. 48, resided in Roxbury. For fifteen years he has suffered from severe dyspeptic symptoms, recurring more or less frequently, and occasionally attended with great distress and pain. Latterly the paroxysms had come on every three or four weeks, commencing with great pressure in the epigastric region, which was soon followed by severe pain. These attacks were always an hour or two after a meal. He is reported to have been at times rather imprudent in his eating.

Generally, his bowels were in a loose condition, with now and then a passage of some undigested food. His nights were frequently, from the above causes, sleepless, restless and painful, so much so that he has been known to have often started from his house at one or two o'clock in the morning, and walked into Boston as far as State street and returned. In connection with this, it should be mentioned that, for the above reasons, he was in the habit of lying on the outside of the bed without taking off any of his clothes.

He appeared as well as usual the day before his death. On Sunday night, January 24th, he probably had one of these dyspeptic paroxysms, and did not undress himself, as only the outside of the bed was tumbled. His sleeping room was below the one where he was found. It is not known when he went up stairs, nor how long the gas stove had been burning. This stove, known as Davis's Gas Stove, was purchased about six weeks previous to his death. As it was not in his sleeping chamber, he was not in the habit of going much into this room, except to take a bath in a small room leading from it. It is not known how long he had remained there at any one time with the gas stove in operation. The gas was usually lighted when he took a bath. So far as could be ascertained, he had never made any particular complaint against the stove, either in regard to any smell or effect upon his general

feelings, though the domestic said that she had noticed at times a peculiar smell in the entry, and heard him complain lately more than before of suffering from headache.

He was seen by a domestic in an opposite house, on Monday, at 5, A.M., standing, with his dressing gown on, at the window near the bath room. Her attention was directed there, on account of her seeing a bright light in the room at that early hour. No one saw him alive afterward, so far as can be ascertained.

At 8, A.M., his nephew, attracted by a strong smell in the entry, went to the door, and on opening it saw his uncle in a sitting posture on the lounge, not reclining, with the side of his head resting on his shoulder. Seeing him so pale, he supposed the case one of fainting, and carried him immediately to the window and poured water upon his face. But he found that he was dead. On entering the room, the nephew stated that it was full of a bluish mist and a strong acid odor. Both gas lights were burning, as also the stove burner. There was a circular red-hot band about the stove. He was obliged to leave the room as quickly as he could, from the effect upon his head, eyes and breathing.

Dr. Windship was immediately sent for, and Mr. B. was placed in another room. Dr. W. supposed he had been dead for some time.

Post-mortem Appearances.—There was a general pallor of the surface of the body. The countenance was pale and tranquil. There was a pretty firm general cadaveric rigidity of the body. On opening the chest, the lungs were found perfectly collapsed, with two or three old adhesions at the apex of each lung. The color was similar in each, consisting of alternate transverse bands of an almost scarlet redness, and black pigment spots of the size of a pea. This was uniform over their whole surface. On pressure, there was fine crepitation, and as much as the thin, collapsed condition of the lung would admit. Every portion had a natural, soft, yielding feel, and there was no sign of any venous congestion, not even the usual *post-mortem* change in the dependent portions. The pericardium contained about an ounce of thin, yellowish liquid. The heart was perhaps smaller than natural, hard and firm to the touch, as if in a strongly contracted state. On removing it, the blood that escaped was fluid, dark colored, and without any coagula. The walls of the left ventricle were of a color difficult to describe, being something between a cherry red and scarlet. The valves were perfectly natural.

An incision being made in different parts of each lung, there escaped a fine frothy, thin liquid, in a small quantity, the color of which on the hand was different from that of usual venous or arterial blood, and resembling a sealing-wax redness. Very little dark blood was seen in a large vein that was divided. The substance of the lung, throughout the divided portions, was of this sealing-wax redness, as was likewise the mucous membrane of the bronchi.

The whole of the interior of the upper half of the intestinal canal and of the stomach, except a small dark spot of cadaveric softening near the cardiac orifice, was in a highly injected condition, the color of which was of a bright sealing-wax redness. The blood pressed from any part of the cut surfaces was of neither the usual arterial or venous color, but of a peculiar shade of red, not pink nor scarlet, but decidedly more like sealing wax, and giving the appearance almost as if painted. This color gradually became fainter in the lower half of the intestines, and was nearly absent at the commencement of the large intestine. The cardiac and pyloric orifices were both considerably contracted.

The stomach was about two thirds full. Throughout the stomach and intestines, there was not the slightest appearance of any ulceration. In some spots Peyer's patches were seen to be prominent, but not ulcerated. The left kidney was much longer than the right, and larger than natural. Its substance was about an inch and a half in thickness, and of the same color and consistency as the walls of the heart. The bladder was full of urine. The vessels of the surface and substance of the brain contained much less blood than usual. There was not the slightest appearance of any congestion there, nor in the vertebral canal, as far as could be seen. The lateral ventricles had about a drachm of fluid in each.

The above sealing-wax color was very striking and peculiar. As far as can be ascertained, no parallel case has occurred; but in those most nearly resembling it, as in the deaths from the fumes of burning charcoal, though the appearances were in some respects similar, they were not alike in all cases. The anatomical characters alone furnish no positive data upon which to base an opinion of the cause of death.

When the committee visited the house of Mr. B., the gas stove had been lighted about two hours and a half previous to their arrival. A distinct odor was noticed in the entry leading to the room in which the stove is placed; and on entering, the room was found filled with a bluish vapor, of a suffocating odor, and highly irritating to the throat when inspired. The odor was that of the mixed products resulting from the imperfect combustion of coal gas. About twenty cubic feet of gas were found to be consumed per hour. The room is about thirteen feet square, with a rather low ceiling. The fire-place was closed up, except an opening for a stove-funnel, also covered.

The sole products of the complete combustion of pure coal gas are gaseous carbonic acid and the vapor of water. Whether the gas is burned for illumination, or mixed with atmospheric air previous to its combustion, as when used to furnish heat, the products of perfect combustion are the same, and no odor is evolved. Incomplete combustion furnishes entirely different results. Besides water and carbonic acid, there are evolved carbonic oxide gas, vapors

of aldehyde and formic acid, and probably other substances. Aldehyde and formic acid have powerful odors, and are irritating to the respiratory organs. Carbonic oxide is known to be an active narcotic poison, and is now regarded as the chief cause of the deadly effects of burning charcoal. The products of imperfect combustion are far more deleterious than carbonic acid gas, or unburned coal gas. Carbonic oxide especially is a remarkably insidious poison, and is dangerous even when mixed with a large proportion of atmospheric air.

The committee are of opinion that an adequate and sufficient cause of the fatal result in this case is found in the deleterious products resulting from the imperfect combustion of coal gas. As they were appointed to investigate the case before them in its medical bearings only, they have not carried their examination farther, nor inquired into the causes of the defective operation of the gas stove.

JOHN BACON,
CALVIN ELLIS,
GEO. H. GAY,
} *Committee.*

The following account of an experiment upon a cat, placed in a room with one of the gas stoves above referred to, was read at a subsequent meeting by Dr. Ellis.

The cat was placed in an iron grated cage, elevated two and a half feet from the floor, the room being eight feet square and ten feet high. The thermometer indicated 90° when taken out. The first thing noticed was a snapping of the eyes, then a crying (as is frequently heard in the night from cats), this becoming, in fifteen or twenty minutes, pretty loud. In a short time this crying stopped. The mouth moved, but without any noise. She sneezed fifteen or twenty times, and rubbed the nose and face with her paw; afterward tried to bite the iron grating of the cage. There was a flow of watery fluid from the mouth, but without any frothing. The mouth was open most of the time. While lying down she would try to get up on her back legs, and would fall over immediately. In thirty minutes, there was a tremulousness and throwing back of the head. The respiration became long and stertorous. Convulsive movements came on about the epigastrium, which increased over the body generally, and in 48 minutes the animal was dead.

NON-MERCURIAL TREATMENT OF SYPHILITIC AND OTHER CUTANEOUS DISEASES.

[Read before the Suffolk District Medical Society, February 27th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY WILLIAM M. CORNELL, M.D.

AT a former meeting of this Society I read a paper upon the comparative merits of *arsenic* and *stillingia* in diseases of the skin, giving the preference to the latter.

I now purpose to show that, in the whole class of cutaneous, and other diseases arising from *syphilitic taint*, other remedies are more certain in the removal of the difficulty, and much more safe for the patient, than mercury.

Mercury, in some of its forms, has been considered *the specific* for this disease in all its stages; though it has generally been admitted, that it was eradicated before this mineral was employed as a medicine, and has often been since, without its use. Happily, both for the credit of the doctor, and the welfare of the patient, the old method of *salivation* is no longer resorted to, even by those who still believe that mercury is necessary in the treatment and cure of the disease in some of its forms.

Having had some experience, during the last twelve years, in treating *diseases of the skin*, whether they had originated from this peculiar malady, or had sprung from other causes, I wish to state my opinion, and the arguments upon which it is founded.

I have used mercurial preparations, and seen them used, in all their forms, in the various stages of the disease above named, and I have yet to find *a solitary case, of a chronic form*, which has been removed, or alleviated, even, by the drug now in question, save only in one form hereafter to be named. I look upon the *stillingia* (as recommended in my former paper) as the best vegetable alterative, in this whole class of diseases, in their *chronic* form; and I have great confidence that the physician who perseveres in its use will find his patients improve, and that much more generally, than under the use of arsenic or mercury.

Another medicine in these cases which has proved highly satisfactory in my hands, is the *nitric acid*, given in doses of ten drops three times a day. Thirty years ago this medicine was given much more frequently, in debilitated constitutions, than it is at present. In the debility attendant upon these cases, the following is often a serviceable remedy. ℞. Com. tinct. bark, ʒ ij.; sulph. quinia, grs. xij.; muriatic acid, gtt. xx. M. Dose, a teaspoonful *ter die*. The old oxygenated muriatic acid was much employed in these diseases many years ago. It probably forms the basis of a preparation, now sold under the name of "*Oxygenated Bitters*," and is a valuable medicine when it *hits the case*, which it probably does not one time in fifty, when purchased and taken at random. I have found the following useful, in some of these old broken-down constitutions. ℞. Ioduret of iron, ℈ iss.; castile soap, ℈ iss.; alkaline ext. gentian, ʒ i. M. Ft. pil. No. xxx. Dose, one pill night and morning.

The *diet drink*, named in my former paper, is one of the best medicines for purifying the blood. For the same purpose, the following recipe furnishes an excellent alterative. ℞. Iodide of potassium, ʒi.; iodine, gr. ij.; mucilage of acacia, ʒ iij.; hydrocyanic acid, gtt. xij.; aqua pura, ʒ v.; sach., ʒ ss. M. Dose, a tablespoonful twice a day, in a wine-glassful of water. The *bromide*

may be substituted for the iodide of potassium, as it is equally efficacious, though it requires a longer time to produce its beneficial effects. The only advantage possessed by the latter is, it is cheaper.

If mercury is ever to be employed as an alterative, in these forms of constitutional taint manifested by cutaneous eruptions, the most efficacious form in which I have used it is that of Dr. Channing, named in the U. S. Dispensatory, page 1340, of the edition of 1851, under the name of *iodo-hydrargyrate of potassium.* "The average dose of this remedy is stated by Dr. C. to be one twelfth of a grain three times a day; but, in peculiar constitutions, not more than the forty-eighth, ninety-sixth, or the two hundredth of a grain, daily, can be borne." The testimony of many physicians is much in favor of this medicine as an alterative.

I am by no means alone as it respects treating this whole class of diseases without mercury. In the *New York Journal of Medicine and Collateral Sciences*, I find the following remarks, which I consider very judicious and sensible. They are from the pen of Dr. Scott, and relate to the non-mercurial treatment of syphilis. "Thirty years since," he says, "there was no doctrine in the profession, which was considered to be so well founded as the treatment of syphilis by mercury. In England, none presumed to differ from the opinion of John Hunter, that the disease was incurable without mercury; and not only that the medicine was required to remove the disease itself, but that to cure the disposition to it, and to secure the constitution from its ravages, an extended course of mercury was required. Sir Benjamin Brodie still retains this opinion, and he (Dr. Scott) would not have called the attention of the Society to this subject, had he not observed, in the lately published essays of Sir Benjamin, some remarks, which from so high an authority appeared to him calculated to lead to an injurious line of practice. Every now and then, a dissenting voice had been raised against the mercurial doctrine, but the profession, in general, adhered to the opinion of John Hunter."

Dr. Scott's own experience is related as follows:—"In 1813, he was placed, for a short time, in Columbo, in charge of the venereal wards, in which the cases were all treated with mercury. Many of them, he found, were well in a few days; others in five or six, others in three weeks; periods too short to warrant the conclusion that they were venereal. They were, therefore, set down as cases of pseudo-syphilis. The number of these cases increased with the field of experience; and, in a few years, the use of mercury was gradually resigned in almost every case of local disease. The *secondary* symptoms were few and slight, and never required an extended course of mercury. The same plan of treatment was adopted by them, and in a few years, Dr. Scott, then garrison surgeon at Point de Galle, entirely abandoned the use of mercury. In 1818 and 1819, Dr. Scott became acquainted with the results of the

investigations which had been carried on in England, and, since that time, had abandoned the use of mercury, as a specific. He had found many cases in which it was required, as an alterative. Dr. S. stated that he considered every case of local disease curable without mercury; and that, under such treatment, the secondary symptoms, when they did occur, were slight, and easily managed. Dr. S., in the course of his remarks, described the miserable victims who were constantly found in military hospitals, at the time mercury was used, affected by extensive ulcerations, nodes, &c., who furnished a considerable number of the invalids, and many deaths. Since mercury was abandoned, such cases had disappeared from the hospitals."

Dr. Maclagan expressed his satisfaction that Dr. Scott coincided in the views he (Dr. M.) had long entertained on this subject. His confidence in mercury, as a specific in syphilis, had been first shaken when, after he was a graduate in medicine, he attended, for some months, the Lock Hospital, in London, under Mr. John Pearson. There, every variety of form in the disease presented itself; but, in very many cases, seemed to be aggravated, rather than benefited, by the mercurial course. Dr. Pearson often expressed doubts, whether, in many constitutions, the use of mercury had not been more injurious than beneficial. Dr. Maclagan had seen Portuguese soldiers cured of the primary form of the disease by topical remedies alone, or merely by the addition of Lisbon diet and drinks, and, sometimes, without either. He saw none of those cases of secondary symptoms in an aggravated form, to which his late lamented friend, Dr. Ferguson, has alluded, in his paper to the Transactions of the Medical and Chirurgical Society of London. Since 1818, Dr. Maclagan, with a few exceptions, where the patient's scruples afforded a full explanation, demanding its modified use, had adhered to the non-mercurial plan of treatment, both in dispensary and private practice; and, in no instance, has he had reason to regret it. Many, who were then so treated, are his patients still; fathers of families, enjoying, as well as their offspring, excellent health, and without the occurrence, in the period of thirty years, of any secondary symptoms of an aggravated form. On the other hand, he has seen too many cases where the use of mercury, to its full extent, has been productive of constitutional injury of the most serious character."

Dr. Bennet said, "That reports had been made to the Governments of France, Germany and Sweden, of 80,000 cases, treated upon the non-mercurial plan, and their general results were quite in accordance with the experience of Dr. Scott."

I have related the experience of these men upon a point on which I have not myself had an extensive practice, namely, the *primary* stages of this disease. My experience has been chiefly in those cases of a chronic form, manifesting the disease in what are called secondary or tertiary symptoms, always arising from a

constitutional taint. Dealing with chronic diseases, of various forms, especially with those of the ***skin***, I have seen almost all kinds of such cases: and I have known the most aggravated forms of chronic eruptions, upon the head, face, and other portions of the body, wholly removed, and permanently to disappear, under a treatment without a grain of mercury. In some of these cases mercury had been employed, even to salivation, without any obvious benefit. For a dozen years, I have closely watched these peculiarities of skin diseases, and am satisfied that there is a better, safer, and more eligible method of treating them than, by employing either ***mercury***, or ***arsenic***. If this be so (and I think it can be proved to be) I ask, are we justified in using heroic remedies, which may produce serious injury to our patients, without removing the original disease? Would not their disuse redound to our credit —would it not be another triumph added to the success of our profession, and does not humanity demand a discontinuance of medicines which are really unnecessary, and often productive of the gravest injury to those who entrust their health and life to our hands?

I am happy to corroborate these views by the following quotation from the ***London Lancet*** of June 27th, 1857. "In a recent visit to the Royal Free Hospital, where a number and variety of syphilitic cases are to be met with, especially of the secondary eruptions, we find they are treated by the administration of stomachic and tonic remedies and good diet, conjoined with the following formula, viz.: sulphur, ʒ i; sulphuret of antimony and nitrate of potass, āā gr. v., mixed into a powder, half of which is given night and morning, and persevered in till the eruption disappears, the health is improved, and a cure established. Dr. Marsden has employed this mode of treatment for twenty-seven years, in thousands of cases, and he observes that not one in a hundred instances has he known to return with constitutional symptoms."

Specific Gravity of Urine.—It is difficult to assign the limit below which the specific gravity of urine in health does not fall, for in some cases it consists of little else than water, the density being as low as 1003, while it rarely exceeds 1030.

The ***average*** specific gravity of urine, according to Dr. Routh's experience, is 1020. From a number of careful observations made by that gentleman, it appeared that the mean density of the urine passed in twenty-four hours, and examined by him, was in men 10189, and in women 10151; the mean for both being 1021.

As a rule, the density of morning urine is less than that passed in the afternoon after digestion.—Dr. HASSALL in ***London Lancet***, January 2d, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 25th.—*Compound Fracture and Dislocation of the Astragalus.* Case reported by Dr. GAY.

The patient was a man aged 30. Six weeks ago, he fell from his wagon, in consequence of the slipping of his seat. He did not know how he struck. He was unable to rise, and complained of great pain in the right foot and ankle. He was carried home, where Dr. Gay soon after saw him. There was at this time pain and swelling about ankle, the foot was bent forcibly inward, as in varus, the toes pointing downward. On pressure, slight crepitus was felt about the lower extremity of the tibia, and the internal malleolus proved to be broken. In front, on the dorsum of the foot, there was a depression. The outside of the foot was more swollen, so as to render the examination somewhat difficult. Near the extremity of the external malleolus was an opening about the size of a pea, from which blood issued. The fibula was traced throughout its whole extent, and found to be uninjured. Below the external malleolus, and even external to it, was a hard, firm swelling, which was evidently of bone. A smooth surface, as if an articulating one, could be felt, and also a sharp irregularly rough one, as if from a fracture. On further examination, it was fully made out to be a fractured portion of bone; and as the whole of the tibia and fibula could be sufficiently traced, and as a cavity could be felt in front of the lower anterior extremity of the tibia, it was concluded to be a portion of the astragalus. There was more flexion and extension of the foot than could have been expected. Efforts were made to replace the fractured portion, but without changing it in the least. It was then decided, as the integuments were stretched and thin, to operate for its removal.

An incision was accordingly made over the sharp edge of the fractured portion, and after some difficulty it was removed. The fracture was vertical, and the fragment consisted of about two thirds of the body of the astragalus; comprising the whole of the surface articulating with the fibula, two thirds of that articulating with the tibia, and nearly the whole of that articulating with the os calcis—being in size about one inch in every direction. It was thrown outward and forward, with its internal edge turned upward.

The patient took opiates at night, and continued comfortable for several days. A week after, erysipelas attacked the dorsum of the foot; the day following, there was much pain. The disease extended to the external malleolus, the ankle being swollen at this point to the size of a hen's egg An opening was made, which was followed by a discharge of pus. At no time was the pulse above 100. A fortnight later, erysipelas again made its appearance on the outer side of the leg; matter was formed, which discharged itself through the wound. Since this time the patient has gained; his appetite is good, tongue clean and bowels regular. No necrosed bone has been felt. Dr. Gay was of the opinion that as a portion of the articulating surface remained, a degree of motion of the joint would be preserved.

JAN. 25th.—*Vesical Calculus.* Case reported by Dr. H. J. BIGELOW.

The patient, J. J. B., æt. 26, merchant, single, entered the Hospi-

tal November 5th, 1857. He was from the town of Waldoboro', in Maine. He had had unequivocal symptoms of stone for three years. On the 14th of November, having been etherized, the lateral operation was performed by Dr. Bigelow, and a calculus of large size extracted, being in form a flattened ovoid, and measuring, in length, two and three quarter inches; in breadth, two and one eighth inches; and in thickness, one and three quarter inches; these measurements being pretty nearly preserved in the accompanying cut. The weight was four ounces and two scruples. The patient, who was very much emaciated at the time of the operation, gained, in six weeks, twenty-five pounds, and was discharged well January 4th, 1858.

The following is the analysis of the calculus, as given by Dr. Bacon. "The powder obtained in sawing the calculus was found to consist of phosphate of lime, with considerable triple phosphate, and small proportions of carbonate of lime, oxalate of lime and animal matter. Portions of the darker-colored central layers, and of the thin reddish crust which partially covers the exterior, were separately analyzed with the same result."

The two following cases of vesical calculus were reported to the Society at the first meeting in May last. The first case was reported by Dr. Cabot. The patient, W. J. S., aged three years and ten months, entered the Hospital May 9th. Born in New York, his parents removed to Boston when he was three months old, where he had since resided. Pain and difficulty in micturition were first noticed more than a year before. These symptoms had gradually increased. The patient was etherized, and the bi-lateral operation performed by Dr. Cabot. The calculus measured three inches in its long circumference, about an inch and a half in its short circumference, and resembled an elongated sea-pebble, with rounded ends, its surface being quite smooth.

Dr. Bacon furnished the following analysis. "The powder from a section of the calculus is composed chiefly of urate of ammonia, with triple phosphate and phosphate of lime."

The second case was reported by Dr. Hodges, who also showed the specimen.

A. L., 6½ years old, having always resided in Boston and drunk Cochituate water, had had symptoms of stone for four years. Dr. H. performed the lateral operation, April 20th, 1857. The operation was

followed by no symptoms worthy of note. The urine did not pass wholly through the urethra until the 9th of May, at which time the wound was fairly cicatrized. On the 26th, without assignable cause, the wound opened, and urine began to pass through a fistulous orifice, which, by report, was preceded by a little boil. There was no surrounding inflammation. Although the urine passed freely by the urethra, and only by drops through the fistula, it was not until June 9th that this was obliterated by repeated applications of nitrate of silver. The stone was oval and flattened, and was covered, externally, with brilliant crystals of oxalate of lime. Its nucleus was oxalate of lime, and between this and the superficial deposit of the same, the calculus consisted of triple phosphate. Its weight was eighty-two grains.

The following is the result of Dr. Bacon's analysis. Dr. B. stated that the powder removed in sawing the calculus, and a few crystals from the outside, were used for analysis. The constituents are—oxalate of lime, phosphate of lime, triple phosphate and carbonate of lime; with small proportions of urate of ammonia, urate of soda and uric acid. Comparing the analysis with the appearance of the section, it is evident that the nucleus and several surrounding layers consist of oxalate of lime chiefly. The outer layers are mostly composed of earthy phosphates. Small crystals of oxalate of lime cover the exterior. This deposition of oxalate of lime upon earthy phosphates is an interesting point in the structure of the calculus.

[It will be noticed that, in the two latter cases, the patients were residents of Boston.—Sec'y.]

Jan. 25th.—*Asphyxia from Imperfect Combustion of Gas.* Dr. Gay reported the case, which was referred to a special committee for investigation. Their report may be found in the Journal of this week.

Bibliographical Notices.

A Manual of Medical Diagnosis: being an Analysis of the Signs and Symptoms of Disease. By A. W. Barclay, M.D., Cantab. et Edin., F.R.C.P., &c. &c. Philadelphia: Blanchard & Lea. 1858. Pp. 423.

A book professedly for students, but after a somewhat careful perusal we are quite ready to admit that it is well worthy of a place in every medical library. It is well arranged for quick reference, and meets a want sometimes expressed, doubtless more often experienced, by active practitioners. To some it may be open to the charge of want of originality, but to our apprehension this very quality enhances its value, for it combines not only the personal experience of its author, but gives a compilation from a large range of authorities upon doubtful points and symptoms. A dictionary might as well be accused of plagiarism.

The common error of considering certain symptoms as absolutely pathognomonic of particular diseases, is well touched upon in the introduction, and the bearing of this tendency, since the days of Laennec, is well illustrated in the history of certain signs developed by auscultation and percussion. Who is there that followed the service of Louis, Rayer or Andral ten or fifteen years ago, who has not long since discovered from experience that certain symptoms, supposed at

that time to be pathognomonic, are only more or less probable, not absolutely certain guides.

With all our liking for the book, there are several statements which we should like to notice in a critical way, but this would require more space than our bibliographical department affords; we therefore allude here to one only, *i. e.*, on page 72, upon the differential diagnosis of gout, or rheumatic gout and rheumatism, it is stated that "an attack of gout is usually ushered in by dyspeptic symptoms and feelings of discomfort—*this is not generally the case with rheumatism*;" and on page 73, that unlike gout, the patient after rheumatic fever "is not very much more liable to a second attack than his neighbors." Both of these statements we believe to be incorrect; such a prognosis as is contained in the last citation would be highly satisfactory to many who, like the subscriber, have suffered *repeatedly* from rheumatic fever in its most acute form, and who, moreover, can generally foretell the coming storm by the "dyspeptic symptoms and feelings of discomfort" which herald its approach.

The whole book is worthy of elaborate notice, but from its very nature this would be as it were a review of a review, for which we have neither time nor inclination. In the hope that this imperfect notice will be the means of calling farther attention to it, we leave it, repeating our belief that, as a book of reference, it will prove to be more convenient and practical than the well-known compendium of Marshall Hall.

G. H. L.

Diseases of the Teeth: A Paper read before the Cook Co. Medical Society at Chicago, &c. &c. By W. W. Allport, Dentist. Chicago: 1858. Barnet & Clarke.

This paper is written in a good spirit and contains many plain truths which ought to be widely known and acted upon. We believe, indeed, that although they are all familiar to the majority of mankind in civilized districts, they are very far from producing that care in the preservation of the teeth which they should. Dr. Allport writes like an honest man, willing to declare the prophylactic part of his occupation, and not eager, as too many are, to trumpet any excellence he possesses as a manipulator. We have the authority of one of the leading dentists of this city, however, for saying that Dr. A. is not only a fine operator, but a courteous and intelligent man.

That the diseases of the teeth deserve all the attention which the writer of this pamphlet bespeaks for them, we fully believe: and it seems to us that the fact has long been acknowledged by physicians—at all events in this part of our country. The author seems to think it still greatly neglected, and has given one or two cases which certainly go far to prove his assertions. We wonder how instances in which "mouthfuls" of teeth required extraction, and had induced disease of an obstinate character, could have been passed over by any competent physician, without buccal inspection, or at least without seeing the importance of removing the offending cause. Such, however, are reported in this pamphlet, and perhaps many may be everywhere as carelessly managed; the neglect is indeed a gross one.

Dr. Allport thinks that cutting the gums during the first dentition, "might, with propriety, be performed" by dentists. Certainly; such a thing would be proper enough, but it will hardly happen. Mothers are very apt to prefer their family physician at such times, and we

confess we so no reason why a stranger should be introduced upon so trifling an occasion. We do not, either, subscribe to the assertion that no one can so well impress the necessity of care for their children's teeth on the parent's mind, as the dentist (p. 4). We think others may do it quite as well, and many better than *some* dentists—we dare say our author could do it most effectively. Doubtless the duty is too often forgotten by the attending physician; it should never be.

After reverting to certain of the former theories of decay in the teeth, Dr. Allport gives the results of certain experiments he has made by immersing them in various acids. The action of *acids*, either taken as medicines or formed in the stomach, is believed to be the great destroying influence. The many chances that medicinal acids may reach the teeth, even though a glass tube be directed to be used, is adverted to by the writer: and he very properly suggests the necessity for rinsing, brushing, and thoroughly cleansing the mouth and teeth after such doses, even where the tube has been faithfully employed. We may say that such are always our own directions, and we have been in the habit of supposing them nearly universal.

A case is given by the author where a young lady had constitutionally very sound teeth; certain cavities were filled, and stood the test of time and wear wonderfully, until a fit of illness supervened, after which they were found irrecoverably lost from decay. This was within a year from the time she was first seen. "Upon asking her," says Dr. A., "what medicines she had taken, she said she did not know, but that one kind was something *sour*, taken through a glass tube. You will agree with me that it was a very sad experience of acids taken through a tube." The "experience" was sad, to be sure, but we think it by no means certain that all the mischief was owing to the medicine taken through the tube. Is nothing to be ascribed, in such cases, to the illness itself, and its action on the teeth as well as on other organs? We hope the acid was not carelessly given, because it was here at "the East" that the victim was taken ill and was treated!

The writer notices, with the contempt it deserves, the vulgar notion that calomel, properly given, destroys the teeth. He quotes, appositely, the adage "Put a *lie* on horseback, and all the honest men in the world cannot chase it down"; and he admits that some of his brethren "have been foolish enough to pander to this popular prejudice." Such pandering, whether by dentists, physicians, or clergymen—and we have known some of each class guilty of it—is worse than foolish, it is wicked.

Great cleanliness in regard to the teeth is rightly inculcated, and many of the evils arising from neglect thereof detailed. The bad results of allowing decayed teeth to remain unfilled or unextracted are also proved.

We could have wished a little more accuracy occasionally in the mode of expression—but the matter is, in the main, so good, that the dress is of less consequence: and, indeed, except in a few instances, the style is clear, forcible and free from vulgarisms. We are told, to be sure, in one place, that a patient announced to Dr. A. that she had "doctored" a great deal. This expression always sets *our* teeth on edge. It is true the *patient* is stated to have said this, but the writer forgot to quote it, and we credit him with it accordingly.

We have devoted much more space than we are wont to allow to a

pamphlet of only nineteen pages; but our reason is, that we believe the subject one of great importance to the health and comfort of the community. By early, continued and thorough care of the teeth, not only will they be long preserved healthy, but the well-known, although indescribable tortures endured in those high-backed, well-stuffed, pulley-wheel-and-axle moving chairs, occupied so constantly by the sufferers from diseased teeth, will be long ignored or perhaps never experienced. Many of those shining pieces of coin or pliant brown notes, *so well earned* by the good dentist, will then remain in the purses or pockets of their sad disbursers.

Transactions of the Illinois State Medical Society for the year 1857. Chicago: 1857. 8vo. pp. 128.

This pamphlet contains several papers of interest, being chiefly composed of reports made in answer to a series of queries addressed to members of the Society by the Committee on Practical Medicine. These reports relate chiefly to the various fevers endemic in the State, particularly intermittent, remittent and typhoid fevers, and also croup. The chairman, Dr. C. N. Andrews, of Rockford, quotes a number of cases of the latter disease, as having occurred under his own observation, which illustrate the various forms and complications of the malady. One of them is remarkable for the circumstances attending and following the operation of tracheotomy. A little girl of five years presented all the signs of membranous croup. It was decided to operate, but, before the preparation could be made, the child was *in articulo mortis*. When the incision was made into the trachea, she had ceased to breathe, there was no pulsation of the heart, and she was apparently dead. Dr. Andrews inflated the lungs with a female catheter. At the end of about twelve minutes the pulsation of the heart returned; in thirty minutes there was an effort at voluntary respiration, which soon became established. The inflation was then suspended, but had to be renewed at intervals. The patient revived, ate and drank, and played with her toys. In this way she lived for about twenty-three hours. The canula occasionally became obstructed by false membrane, and the inflation had to be repeated at intervals. She finally became comatose and died.

Dr. N. S. Davis, of Chicago, has contributed an elaborate paper on "the Changes which take place in the Blood in the continued Forms of Fever," founded on a series of experimental observations. He concludes that in typhoid fever the average relative proportion of the different constituents or proximate elements is very nearly normal, the red corpuscles being in excess in those cases which are accompanied by abundant watery intestinal discharges, and *vice versa*. The alterations in *quality*, however, are striking and uniform; the blood was of a darker color than normal, "the fibrine coagulated very slowly, contracted but little, and the fibrils formed by the coagulation possessed less tenacity than in healthy blood; while the red corpuscles, viewed under the microscope, appear less bi-concave, less uniform in size, and exhibit less attraction or affinity for each other; and the white corpuscles appeared to be very deficient in number." In the blood from patients with simple intermittent and remittent fevers, the qualities or properties of the several constituents of the blood appeared normal, but the red corpuscles exhibited a deficiency in proportion to the duration of the disease; the white corpuscles were also deficient, the al-

bumen and fibrin were only slightly below the normal proportion, and the water was relatively in excess.

Pott's Disease; or Angular Curvature of the Spine. Cases successfully treated by J. A. Wood, M.D. (From the *N. York Journal of Medicine.*) New York: 8vo. pp. 7.

Two cases of angular curvature of the spine treated by the application of "a spinal apparatus of recent invention, constructed and applied upon a *new* principle." The relief in both cases was marked and immediate, and a complete cure was obtained. Galvanism, cod-liver oil and other adjuvants were also employed. The first patient is a son of Dr. Lyman Bartlett, of New Bedford, whose letter, appended to the cases, is a sufficient guarantee, if any were needed, of the truth of the facts. One thing surprised us in reading this pamphlet;—we are not informed what this *new* principle is. We presume this to be an oversight; we cannot presume that Dr. Wood intends to make a *secret* of his mode of treatment.

Mesmerism, Spiritualism, Witchcraft and Miracle; a brief Treatise, showing that Mesmerism is a Key which will unlock many Chambers of Mystery. By Allen Putnam. Boston: 1858. 8vo. pp. 74.

We have carefully read this treatise, which is much better written than most works of its class, but we cannot discover that it throws any new light upon the so-called subject of spiritualism.

Report of the Trustees and Superintendent of the Butler Hospital for the Insane. Providence: 1858.

This excellent institution maintains its position as one of the best managed hospitals for the treatment of mental diseases in our country. The average number of patients for the past year was 139. A new warming and ventilating apparatus has been introduced, and thoroughly tested during the severe winter of 1856–7, with a very satisfactory result. Air, heated by contact with hot-water pipes, is forced through the building by a fan driven by a steam engine. This plan seems to have been generally found successful in large establishments of this kind, and will no doubt be adopted in most new hospitals. The Superintendent urges the importance of several improvements in the building, particularly the employment of gas, instead of oil lamps. The Hospital is a private corporation, and money must be raised for this purpose; but considering its great importance, we can hardly think the necessary funds can be long in forth-coming.

Fifth Annual Report of the Surgeons of the New York Ophthalmic Hospital. New York: 1858.

This institution treats gratuitously about twelve hundred patients annually. Lectures are given every Wednesday during the winter, by Dr. Mark Stephenson, on ophthalmic medicine and surgery, and there is a clinique three times a week by Drs. Stephenson and Garrish. The Report contains an address to the class, by Dr. Stephenson, in which the professions of law and medicine are contrasted in respect to the schools of instruction, the curriculum of studies, and the amount of gratuitous services rendered by the members of the different professions to the public. The comparison is by no means complimentary to the Law.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1858.

DERELICTION OF QUONDAM APOTHECARIES; QUESTIONABLE ADVERTISEMENTS.

We cannot but deeply regret that in certain instances those who have for many years held very acceptably the responsible and lucrative posts of druggists and apothecaries—who have even accumulated large sums of money in a business for a large portion of which they were indebted to the medical profession—should subsequently, for the sake of quicker or greater gains, take up the sale of totally empirical preparations, or else, having at first announced some compound of their own, and made known its ingredients in apparent good faith, a few months later advertise it disreputably themselves or permit others to do so, and thus open another door to abortion-procurers and the rest of the graceless harpies who prey upon the public health and morals.

It is the unrighteous greed of gain which is at the bottom of this; it is on a par with that disgraceful spirit which constantly leads the managers of daily journals, and, as we have shown, the *religious* papers no less than others, to afford unbounded facilities to this horde of poisonous pirates, through the medium of their venial columns.

In the case of druggists, who thus turn a traitorous hand against those who in nearly every instance have brought them their first success—yes, even fed and clothed them, and enabled them finally to fill their purses comfortably, the conduct we have alluded to smacks decidedly of the spirit of the viper who stung his preserver. Moreover, why should those who are doing a good and adequate business legitimately, recklessly injure the community and favor quackery by their unwise haste to be rich? We should think that such gains would burn the fingers quite as soon as many others popularly esteemed more iniquitous.

Recurring once more to the pestilential advertisements which are permitted to defile our newspapers, we are glad to be able to point to two foreign journals distinguished for the high stand they have taken in this matter, no less than for their influence otherwise. One is the London *Times*, the other the London *Lancet*. The former is almost if not entirely alone amongst the newspapers in repudiating the vile advertisements and notices to which we refer; and the latter is nearly so in giving battle to it from the medical stand-point. Take a few paragraphs from the *Lancet* of January 23d, 1858:—

"'Virtue,' says Lord Bacon, 'is like precious gums, most fragrant when incensed or crushed.' It is far otherwise with vice, and hence the task of crushing it is never an agreeable operation. Like the opening of a foul cesspool, it is a necessary but not a pleasant labor. The exposure of the beastly charlatans who, as museum showmen, or filthy tract writers, are prominent agents of demoralization in this metropolis, has been no savory task to us. We have undertaken it as a duty, and have only to regret that the fight has been almost single-handed.

"Some powerful allies we have found. We have had the tacit support of the *Times*. This Journal, so highly placed, and so careful of the uses of its power, excludes from its columns the indecent puffs of a host of quacks. *Punch* has said many a true and bitter thing to make the faces of these men shrink and grin

like Dead-sea apes. But we have had the aid of only a small part of the press. Daily, in the houses of clergymen, under the eyes of women, of young girls, and of silly lads, are spread out the falsest and most elaborately indecent statements on the most delicate of medical questions; flaunting beneath the public eye in all the honors of large print and conspicuous position. Surely it is not consistent with the duty which a journalist owes to the society by which he prospers, to insert such miserable stuff, even as advertisements. We have a deeply-founded faith in the sense of moral responsibility, and in the honor, of the journalists of the country: we believe that when once this part of their public duty has been fairly pointed out to them it will not be neglected. Meantime we would earnestly call upon all those who have thus far gone with us, to enforce upon the press the duty of completely and universally ostracising these pseudo-medical vultures, and rejecting the advertisements which are the lures for their victims."

We are glad to perceive that our strictures upon the admission of objectionable advertisements into professedly religious journals, have met with the unqualified approbation of our brethren of the medical press; and we have had abundant testimony, oral and written, from *clergymen* as well as laymen, to the truth of all our assertions and comments.

As for the subject with which we began this article, it is a disagreeable one, from the unpleasant view it gives of poor human nature; and if any of those who are obnoxious to the charges we have made, have ever been high-minded and honorable men, we should think they must occasionally have some qualms of conscience. Possibly, however, we may be mistaken; for, like another sin of which a famous poet has written, this one "hardens a' within, and takes away the feeling."

MEDICAL COMMENCEMENT EXERCISES.

The exercises at the Medical College in Grove Street, Boston, were well attended on Wednesday, the 10th inst., and were unusually interesting and successful. The portions of the theses which were read by graduates, gave the impression of thorough examination of the subjects discussed, and in one or two instances of no little familiarity with practical points in pathology and therapeutics. Sixteen gentlemen received the degree of Doctor in Medicine; their names are given in to-day's Journal. The class, we understand, has done credit to the Institution, and will doubtless reap the advantages of faithful attention to study.

The Valedictory Address, by Prof. Holmes, was, in composition and delivery, what might have been expected from him. Those who did not hear it will be eager to read it; but they must submit to the great loss of the speaker's vivacious and peculiarly spirited tone and manner, which add so much to the effect of his words. We hope soon to have an opportunity of noticing the Address more fully.

DR. REESE AND DR. McCLINTOCK.

A very animated discussion took place at a meeting of the New York Academy of Medicine, March 3d, in consequence of a letter which was read by the Secretary, from a Committee of the Philadelphia County Medical Society, and signed by Drs. La Roche, Kennedy and Jewel, of Philadelphia, complaining of the conduct of Dr. Reese in recommending Dr. McClintock to the Chief Residency of Blockley Hospital. The following resolution, offered by Dr. Detmold, was adopted by the Academy: "*Resolved*, That this Academy learns with

deep regret that a Fellow has recommended to a position of high respectability a man who has forfeited his rank in the profession, and that the Secretary be instructed to communicate this resolution to the Committee of the Philadelphia County Medical Society."

BELLADONNA IN NOCTURNAL INCONTINENCE OF URINE.

It is well known that Professor Trousseau, of Paris, has great faith in the use of belladonna as a means of curing that most troublesome habit, for it can hardly be called a disease, nocturnal incontinence of urine in children. We believe we are correct in saying that many who have tried the remedy, in accordance with the recommendation of the eminent French physician, have been disappointed in the results: the complaint, though apparently checked for a time, soon returns in many instances, with all its obstinacy, and both patient and physician, wearied with the close attention which the treatment demands, are disposed to abandon the disease to nature, which fortunately in the majority of cases effects a cure, after a longer or shorter lapse of time.

An article which appeared in the *Gazette des Hopitaux* last October, describing M. Trousseau's method of treatment, lays so much stress upon the length of time during which the belladonna must be given, that we are inclined to think the remedy has often failed through want of perseverance on the part of the parents of the child, or of the medical attendant. A case is related in the *Gazette* which illustrates well the length of time the belladonna ought to be employed. The patient (who was a girl of 19 years) began to have nocturnal incontinence of urine at the age of 8 years, and since that time had been in the habit of wetting the bed once, always, and generally twice, in the course of the night. On her entrance into the hospital, one fifth of a grain of the extract of belladonna was given her every night. This quantity was soon after successively increased to two fifths, three fifths, four fifths of a grain, and to one grain. There was an immediate improvement in the symptoms. The involuntary discharge occurred only every second or third night, and only once in the night. Sometimes she was free from the trouble for four successive nights, and then urinated once each night for two, four or six nights together. The dose was gradually increased up to two grains, when the patient passed twenty-two days without a trace of incontinence, but it began again, with intervals of from one to ten days. A further increase, to three grains of the extract, was then ordered, and from this time the affection ceased entirely. M. Trousseau, however, continued to augment the dose slightly, with the intention of persisting in the remedy, without farther increase, for three, four or even five months, after the symptoms had entirely disappeared, and then to diminish the dose very gradually, until it should be finally suspended. In many cases he does not stop the belladonna until a year has elapsed after the incontinence has ceased.

So annoying is this affection, that we are glad to be able to give the above details of M. Trousseau's treatment, recommending to any one, who may have an obstinate case, to follow it. It requires only perseverance for its observance, and can do no harm if it does no good.

YEAST IN SCARLET FEVER.

Messrs. Editors,—Some years ago my attention was directed to the use of yeast in scarlet fever, by an article in your Journal from the

pen of Dr. Smith, of Baltimore. I have given it this last winter in fifty-three cases, and all have recovered. These were all the cases in my practice. Together with the yeast, inunction has been employed in two thirds of them.

I believe that the free use of yeast may prevent a bad type of the disease. It was given, at the outset, every two or three hours, in doses from a teaspoonful to a tablespoonful, and continued until desquamation. Yours, truly, A. S. McCLEAN.

Springfield, Mass., March 15th, 1858.

MASSACHUSETTS MEDICAL COLLEGE.

THE following is a list of the gentlemen who received their medical degrees on the 10th inst., with the subjects of their dissertations.

Hermogene Sextus Balcom,	*Observations on the Reciprocal Influences of Body and Mind.*
Charles Henry Barrett,	*Natural Labor.*
David William Cheever,	*Syphilis.*
John Samuel Cushing,	*Amputation.*
Samuel William Fletcher,	*Delirium Tremens.*
Thomas Hill Gibby,	*Typhoid Fever.*
John McLean Hayward.	*Phthisis.*
John Willson Hutchins,	*Phthisis.*
Josiah Edgar Jones,	*Pneumonia.*
Franklin Bryant Kimball,	*Outgrowths.*
John Henry Kinsman,	*The Urine.*
Richard Baxter Skinner.	*Typhoid Fever.*
John Benjamin Springall,	*Scarlet Fever.*
George Washington Towar, Jr.,	*Intermittent Fever.*
George Latham Underwood,	*Pneumonia.*
Peter Duggan Walch,	*Pulmonary Emphysema.*

Boston, March 12th, 1858. D. HUMPHREYS STORER,
Dean of the Medical Faculty.

The New Sydenham Society.—We observe in the British medical journals a notice of the re-construction of the Sydenham Society, under the Presidency of Dr. C. J. B. Williams. We cordially wish the new organization success, and again advise our readers to avail themselves of its advantages by becoming subscribers.

Health of the City.—Among the 72 deaths of the last week, 40 were of children under 5 years of age. There were 6 deaths from croup, 5 from measles and 7 from scarlatina. The total number for the corresponding week of 1857 was 64, of which 15 were from consumption, 8 from scarlatina, 2 from croup and 8 from measles.

Communications Received.—Case of Malignant Growths within the Thorax.—Record of Obstetrical Cases.—Case of Anasarca and Ascites in Tubercular Consumption.

Books and Pamphlets Received.—Fifteenth Annual Report of Births, Marriages and Deaths in the Commonwealth of Massachusetts.—Twenty-third Annual Report of the Trustees of the State Lunatic Hospital at Worcester.—Fourth Annual Report of the Trustees of the State Lunatic Hospital at Taunton.—Reports of the Inspectors of State Almshouses at Bridgewater, Tewksbury and Monson, and other public documents.—Annual Announcement of Lectures in the University of New York.

Deaths in Boston for the week ending Saturday noon, March 13th, 72. Males, 36—Females, 36.—Apoplexy, 1—inflammation of the bowels, 1—cancer (in the breast), 1—consumption, 12—convulsions, 4—croup, 6—dysentery, 1—diarrhœa, 1—dropsy, 4—dropsy in the head, 5—infantile diseases, 1—puerperal diseases, 2—intermittent fever, 1—scarlet fever, 7—disease of the heart, 2—inflammation of the lungs, 4—marasmus, 5—measles, 5—palsy, 1—pleurisy, 1—scrofula, 1—smallpox, 1—teething, 1—thrush, 1—unknown, 1—whooping cough, 2.

Under 5 years, 40—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 2. Born in the United States, 56—Ireland, 8—other places, 8.

New York University Medical College.—The annual Commencement of the Medical Department of the New York University took place on Wednesday evening, 10th inst., in the large chapel of the University. One hundred and twenty-seven gentlemen received diplomas. Of these, whose names and residences are published in the Annual Announcement, N. York State furnished 20; North Carolina, 17; Georgia, 10; South Carolina, 11; Alabama, 6; Virginia, 15; Mississippi, 3; New Jersey, 6; and the New England States, 11. The address to the graduates was delivered by Prof. Gunning S. Bedford.

The Aylett Medical Institute, connected with this College, held its twelfth annual Commencement the evening previous, and 38 of the 127 graduates abovementioned received diplomas. Dr. Aylett was presented with an elegant tea-set, and delivered an appropriate address.

New Jersey State Lunatic Asylum.—This Institution is located at Trenton, and is under the superintendence of Dr. H. A. Buttolph. The last Annual Report shows that 429 patients were under treatment during the last year. At the beginning of the year there were 263, and at its close, 279. During the year there were discharged, recovered, 56; improved, 67; unimproved, 2; escaped, 1; died, 24. A new building for a laundry, drying-room, &c., with improved machinery, was erected during the year, and other improvements for the comfort and health of the inmates were made. Dr. B. has added to the Report some excellent general remarks on the nature, causes, means of preventing and principles of treating insanity. Dr. H. F. Carriel is assistant physician to the institution. The whole number of cases received into the Asylum since it was opened in May, 1848, is 1230.

Study of Obstetrics at the University of Prague.—A letter is published in the March number of the *Cincinnati Lancet and Observer*, from Dr. A. Strothotte, of Cincinnati, to his friend Dr. Dodge, of the same place, dated at Prague in September last. It represents the advantages for the study of obstetrics in the Bohemian capital as very great—the number of deliveries at the Lying-in Hospital being more than 3000 annually. Professor Seiffert conducts the clinics, which are attended by about thirty students, each of whom has an opportunity for manual examination of patients in labor. The clinic lasts from 7 to 9 every morning. There are private apartments which are not open to the students, but visited only by the professor or his assistants. A portion of the students are allowed to remain in the Hospital through the night, with the privilege of being called by the midwife to attend upon cases as they occur. The institution is supported by government. Every woman about to be confined, can gain admission; but if she is poor, the town or village where she belongs is obliged to pay a daily tax to the Hospital, of about twenty cents. If able to pay, or if she has a "paying lover," better accommodations are furnished her, and she is not subjected to the exposure which is required of the others "for the benefit of science." The inmates are represented as having mostly been betrayed into their miserable condition, and not having taken up with prostitution as a trade; respectable families, it is added, do not refuse their services as house-maids, if otherwise well qualified. Suitable provision is made for the children left by their mothers at the Asylum.

New York College of Physicians and Surgeons.—The Commencement took place Thursday evening, 11th inst. The President, Dr. Thomas Cock, presided, and conferred the degree of M.D. upon 53 candidates with a few appropriate remarks. Dr. Chandler R. Gilman delivered the farewell address to the Graduates. It was listened to with deep interest.—*N. York Times.*

South-Western New York Medical Society.—The winter session of this Society was held on the 3d and 4th February, in the village of Jamestown, Chautauque Co., and was numerously attended. A large amount of business was transacted, many interesting cases were presented, and several essays were read. The address was delivered by Dr. O. C. Gibbs, of Frewsburgh. After the conclusion of the session, the members of the Society, with their wives and invited guests, partook of a social dinner, which passed off in the happiest manner. Many excellent speeches are reported in the *Jamestown Journal*, which gives a full notice of the occasion; among them we would particularly notice the remarks of the President, Dr. Hazeltine, of Dr. Gibbs and of Dr. Wm. Smith. The next meeting of the Society will be held in Westfield, on the first Wednesday and Thursday of May next.